

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMA	TION	CANASA O TERROR SAND	
Full name of committee (as on Statement of Organization) Check if this is a new name	TION		
Committee to Elect Brian Ayer for Noblesvi	lle Ci	tv Council At	Large
		elephone number	matron all most room
in-least and force be-ea. The fit on that the than that I all proposed Schedules	(317	773-1895	
	t if this is a new	vaddress	DTAL PASSES Rigge Big 866
77 So. 9th Street			CANADA SALDERA SAL SALDED
		on (if applicable)	
Noblesville, IN 46060	And the Party of t	blican	Min Hall Control of the Control of t
SANSIBATE WITH CONTROL OF CONTROL	HER THE RESERVE TO SERVE THE PARTY OF THE PA	on or if independent	
	The second second second second	AND ASSESSED TO A STORY OF A STORY	
Brian Keith Ayer 9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of n	lican	
Noblesville City Council At Large	Hamil		
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:	imus acce	Check one:	tos yal ad standard
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 2	0 must be "0")	Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)	the real filter but	Post-Convent	tion ,
12. Reporting period:	ibbs was a	COLUMN A	COLUMN B
From: Jan. 01, 2003 Through: April 11, 20	003	This Period	Year to Date
 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. 		0	
CONTRIBUTIONS AND RECEIPTS			0
(Note: these amounts include in-kind contributions and loans, as well as cash contribu	tions \		
15a. Itemized (use Schedule A)	dons./	\$2,650.00	\$2,650.00
15b. Unitemized TOB was to the STI to the second tests and tests and tests	ibe can set	\$ 970.00	\$ 970.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	\$3,620.00	\$3,620.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$3,620.00	\$3,620.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	balliffla to	\$2,734.37	\$2,734.37
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0	\$4,134,31
17b. Unitemized			\$2 724 27
The root lines the data the installation	SUBTOTAL	\$2,734.37	\$2,734.37
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both column	ns) TOTAL	\$ 885.63	\$ 885.63
19. Debts OWED BY the committee (use Schedule D)		0	
20, Debts OWED TO the committee (use Schedule E)	HIES VES	0 65	
			1 P
	初來的新海	S S	8 7 11
Signature on File	TO SERVICE AND PROPERTY.		R OFFICENSE ONLY
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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ONG	All Jie	EAUN G	MU: U	SDITT
Page	1	of	2	

	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	C.G. Richert 2444 Hawthorn Dr. Noblesville, IN 46060	Contributions: [20] In-Kind (describe)	\$150	\$150	2/5/03
Cont	tributor's Occupation (if required)	Other Receipts:	ston or any less recontributors secontributors	dator foe occup milion for other their potenting	TLA
2	Michael Field 1205 Logan St. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	\$500	\$500	3/3/03
	ributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	AG-OT-RAS	r SVITAJUR	TLA
3.	AME, LLC 19172 Potters Bridge Rd. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	\$500	\$500	3/5/03
Cont	ributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	cash is access committee in	ones can decide or a contract when the	TLA
4.	William Reid 104 Wilshire Ct. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	\$200	\$200	3/20/03
Contr	ributor's Occupation (f required)	Other Receipts: Interest I Loan Misc (specify)	ab arugë adit r	sta oski A eki	TLA .
5.	· Charles Spartz 19865 Creek Rd.	Contributions: Direct In-Kind (describe)	\$300	\$300	3/26/03
Contri	Noblesville, IN 46060	Other Receipts: Interest DLoan Misc (specify)			TLA
	SUB TOTAL	THIS PAGE OF SCHEDULE A	\$1,650		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summar	A ON THE LAST PAGE ONLY	s		



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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUMBE	R	
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Page	1	of	1	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code_A Logan Street Sign	sign maker	Direct In-Kind Payment of Debt Returned Contribution Other	estes la different est. Each book	recommended to a second control of the secon	printices a serior gal sup-salement gal cas to tracerosis reall of team Jinu
1720 S. 10th St. Noblesville, IN 46060	THE HARTSCHIPS STATE OF THE STA	Purpose: magnetic sign	\$265	\$265.00	3/5/03
Code A Co. Printing 104 W. Main St.	printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$753.45	\$753.45	3/20/03
Westfield, IN 46074	Epit Sou Epit Sur Epit Sur Epit Sur	brochures		enconstructions.	er Proditure Types to
Logan Street Sign	sign maker	Direct In-Kind Payment of Debt Returned Contribution Other	\$125.92	\$390.92	3/12/03
1720 S. 10th St. Noblesville, IN 46060	signs	Purpose:	sau Jimai-ni no tres	F mdrusing Experiences, de	e Holista Type; F Hospin Delegion
Bold Impressions	sign maker	Direct In-Kind Payment of Debt Returned Contribution Other	\$1,478.	70 \$1,478	.70 4/3/0
839 Conner St. Noblesville, IN 46060		Purpose: yard signs	net also betalling	A printrevi Expendients so	A says sumbn
Logan Street Sign	sign maker	Direct in-Kind Payment of Debt Returned Contribution Other	\$111.30	\$502.22	4/18/03
1720 S. 10th St. Noblesville, IN 46060		Purpose: magnetic sign	Aprical June 88	etade planterioles etadas	Carrowaya pa Line Sew Carrowaya M
Code		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other		erione	processors?
		Purpose:	nacus grifistago	enadore Ceno a carpro	sámure Type: Op doure Gelesson
Code		□ Direct □ In-Kind □ Payment of Debt Returned Contribution □ Other	activos caracina activos critir as sortis of bisq er	of other part work	· Wages, sales antitoyres, as company, the
		Purpose:		olem to sen comp	companiera Honogoriera Distres Pracinsos or e
	SUB TOTAL TH	IS PAGE OF SCHEDULE B	\$ 2,734.3		
	L PAGES OF SCHEDULE B C	ON THE LAST PAGE ONLY	\$2,734.3		*



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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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				stalgmos
Page	2	of	2	SURTER

	CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
	ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	William Crask 275 Ashbourne Dr. Noblesville, IN 46060	Contributions: X Direct In-Kind (describe)	\$500	\$500	3/31/03
	e largerative to the full name of the carried or	Other Receipts: Interest Loan Misc (specify)	studhinos s	smains refly	TLA
2	Shirley/Keith Ayer 1688 Conner St.	Contributions: Direct In-Kind (describe)	\$200	\$200	1/29/03
	Noblesville, IN 46060	Other Receipts: Interest □ Loan Misc (specify)	(EAR-TO-G	AVEAJUM	TLA
3.	Shirley/Keith Ayer 1688 Conner St. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	\$300	\$500	4/16/03
	Jnucace on in between to believe netw, TOM , water the coordinate of the coordinate	Other Receipts: Interest Loan Misc (specify)	cash is acce cash is acce convolues	ere check or me activod when () Enter the	eu sneilidh
4	age of Screedile A. N. Brate-Is only one page of this Screedile.	Contributions: Direct In-Kind (describe)	CHEDULE OF ALL PAGE	PAGE OF S	S-T LATOTE
		Other Receipts:	to map and a	ino setà. A stud	ento E no sebeci
ŝ.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest □Loan Misc (specify)			
	SUB TOTAL T	HIS PAGE OF SCHEDULE A	\$ 1,000		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary	ON THE LAST PAGE ONLY	\$ 2,650		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZiP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	yaced salarges to 0052) respectate patentine 0012 nevo	Contributions: Direct In-Kind (describe)	to the to session	se gallers boe	emun AA scit
		Other Receipts:	tudiunco s	oniama many	ORTANT
2	to a consideration of the second of the seco	Contributions: Direct In-Kind (describe)	OR OTHER AS YEST SIGN PERIOD: B	MOTT PROT	CONTRACTOR
	bullons, trickeding in-kind, translativ-to or other escapes	Other Receipts: Interest □ Loan Misc (specify)	EAR-70-8	IULATIVE	era period UMN B, CUI ser year-lo-date
3.	5 is the earle as the entry in Column 44.	Contributions: Direct In-Kind (describe)	calendar y	siase to the medicalist	ne hat rop
		Other Receipts:	ney order, NC cash is acce committee	e check or me calvod when Enter the	Liberaconson Subora en original PERSON NEWS
4.	a Schedule A. If there is only one page of this Schoolule.	Contributions: Direct In-Kind (describe)	DF ALL PAG	25107 et ex	one and some
	anuome telef adii (Y.1943) BOAN YEAR 91 (I 1904) falles 1914	Other Receipts: Interest □ Loan Misc (specify)	r Gils Aguna qu	alno calA .A. es	
		Contributions:			
		Other Receipts: Interest □Loan Misc (specify)			
	SUB TOTAL TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM 15a of the Summ	E A ON THE LAST PAGE ONLY	0		



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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発を言る	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	officer action com vibra received a vanaterior. At transfere- political action committee, or regular party committee) must	Contributions: Direct In-Kind (describe)	was of each po tale's continue	oba gallem baa baxa) entimme Anueres la see	ernen flut erit v to teoffieg e mo Unsger bedikter
		Other Receipts: Interest I Loan Misc (specify)			
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		Other Receipts: Interest Loan Misc (specify)	REPRESENTATION AS A STATE OF THE STATE OF TH	MOSTUBIST Provided (suc	MOD ROTE
3.	Con. Instructing fin-id tot, formstament or other mostolic for a gift	Contributions: Direct In-Kind (describe)	PERIOD: 8	CHIT THIS	LEIMN A AM
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4.	d or deposted in a neural . For each contributions, the ser, MOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	oney onter, Ni cach is aco	the dock or n	ers anoducit
	contribution for the committee (IC 3-9-1-25) and Schedule A. It there is only one page of this Schedule.	Other Receipts: Interest □Loan Misc (specify)	COMMITTEE SCHEDULE OF ALL PAGE	C Enter that S PAGE OF I s as the TOTAL	TOTAL THE
5.	Set Enter (CV Fig EAS) PAGE GVL)/ the total anatomic	Contributions: Direct In-Kind (describe)	a sweet aid to	94,0 25 0 P o fisite A. Asso on	AL OF ALL cages on Scho
		Other Receipts: Interest I Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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1 to	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	ni-creferent IA ini-selenent a baviecen setimmos getroge	Contributions: Direct In-Kind (describe)	log itoss lo asi	ribba goli ism bo	a omen livi sits
		Other Receipts: Interest □Loan Misc (specify)			3
2	over \$100 within a calendar year (\$200 it requar party	Contributions: Direct In-Kind (describe)	tanco lie to sae dni biac svari i	bbs polition br	oa fuli same a kae). This Incib
		Other Receipts: Interest □ Loan Misc (specify)	naludoraes i	ganetne ner o Mostuse	RTANT: W
3.	et.	Contributions: Direct In-Kind (describe)	oins :GOIRS	P SUN THU	CHA A HIS
		Other Receipts: Interest □ Loan Misc (specify)	AG-OT-RAS	Y BVITAJU	MIN B CUM
4.	or deposited in the cooper process indicate the data that or deposited in the coopera. For cash contributions, the cash contributions, the cash when my field or deposited in an account.	Contributions: Direct In-Kind (describe)	order, and y and y and y and y and y and a second	Enter the mo	GEVEDER
	contribution for the committee (IC 3-9-1-25) of Schedule A. If there is only one page of this Schedule.	Other Receipts: Interest □ Loan Misc (specify)	MEDULE A	Enter the P	IVED BY:
5.	LY: Enlar (OW THE LAST PAGE ONLY) too total amount to	Contributions: Direct In-Kind (describe)	A BUUCH A BUUCH I no myan entr	GES OF SC A Also selec	P. J. JA. FO.
		Other Receipts: Interest □ Loan Misc (specify)			
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	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	9		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

		PUBLIC QUESTION INFORMATION		的技术				
Enter Text of Public Question								
Type of Question: Statewide Local Supported Opposed								
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE			
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otio. 9 guidelines to deserrane the	□Direct	ir the cumulative coperatiures calend tay, and year of the expenditure. Use	and STAG-6	MB :ESUTIO	LUSSIN BI ALME FE OF EXPERSIONS per date to us			
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(CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT CUMULATIVE PAID PAID YEAR-TO-DATE	BALANCE TH
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	1695: Enter the full name	OCA DIALBANI DIA	R VENDOR'S NAME A	E 738890
	owed by the committee of	deb en il "zreatob	rs, co-endorsers, or en edit card debts, clab lis	rs, cassigner connitree an
DERS OCCUPATION:	With It Jobney ere to assist	eas ton ob led a	guico alát al robnev	tose tail
charged for the loan, interest	minologi), not the interest	neol ent to invant	oan, ente the actual a d any other finance on	
	expenditures by the common	es belseti al ladio:	The amount of the pre-	
				.A.elub
DERS OCCUPATION:	ch transaction:	se to toucoms eding	es session in his tilly	arts continues
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the type of debt gwed by the		he debt. This requi	Tr. Enter the nature of	
"Inucona bran libero esfi	mmus" or "comm	sory note," "ope	mple: "loan," "promi	iski estin
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE THI PERIOD
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